

Application Preview

Fiscal Agent Information

(Carefully read the instructions before completing this form)

1. Fiscal Agent Information

Please review the pre-populated information and edit as needed. Enter the first month and date of the grantee agency's fiscal year.

- a. Fiscal Agent Name
- b. Organizational Unit
- c. Address
- d. Address 2
- e. City
- f. Federal Id Number
- g. Fiscal Agent fiscal year (beginning month and day)
- h. Agency Type (Please check one)

☐ Native American Tribes
☐ Public

☐ Private, Non-Profit
☐ University

☐ Private, Proprietary

Organization Detail

- i. Michigan Solicitation Registration Number: CCR Registration (Please select Yes or No) ☐ Yes ☐ No
- j. State MESC ID Number: Sales Tax License Number:
- k. Is agency or project operations held in a facility 50 years or older? (Please select Yes or No) ☐ Yes ☐ No
- l. Agency Type Detail

Agency Financial Information

- m. Please complete and attach the Financial Capability Questionnaire. Download a copy of the form at URL: <http://ojp.gov/funding/Apply/Resources/FinancialCapability.pdf>
- n. Select the appropriate radio button to indicate the agency method of accounting. (Please select one from list)

☐ Accrual
☐ Cash
☐ Modified Accrual

2. Program Information

Please indicate if the grantee agency is implementing the program. If No, is selected, enter the implementing agency's name. Click on the mailbox to enter the implementing agency's contact information.

- a. Program Name
- b. Is implementing agency same as Fiscal Agent (Please select Yes or No) ☐ Yes ☐ No
- c. Implementing Agency Name
Address

City
Phone
State
Fax
Zip
- d. Project Start Date
End Date
- e. Amount of Funds Requested
Project Cost

Service Impact and Victim Population

- e. This VOCA Grant will primarily be used to:

Select the appropriate radio button to indicate whether the grant will primarily be used to: (Please select one from list)

- ☐ Expand services into a new geographic area
 ☐ Offer new types of services
☐ Serve additional victim populations
 ☐ Continue existing services to crime victims

- f. Purpose of VOCA Grant:

Select the appropriate radio button to indicate the purpose of the grant. (Please select one from list)

- ☐ Start up a new victim services project
 ☐ Continue a VOCA-funded victim project funded in a previous year
☐ Expand or enhance an existing project not funded by VOCA in the previous year
 ☐ Start up a new Native American Victim services project
☐ Expand or enhance an existing Native American project

- g. If awarded, these funds will support direct service staff providing services to the following victims:

Select the appropriate box(es) to indicate which type(s) of victims will be served by the VOCA project. (Please select applicable values)

- | | | |
|---|---|---|
| <input type="checkbox"/> Child Physical Abuse (CA) | <input type="checkbox"/> Child Sexual Abuse (CA) | <input type="checkbox"/> DUI/DWI Crashes (UN) |
| <input type="checkbox"/> Domestic Violence (DV) | <input type="checkbox"/> Adult Sexual Assault (SA) | <input type="checkbox"/> Elder Abuse (UN) |
| <input type="checkbox"/> Adults Molested as Children (UN) | <input type="checkbox"/> Survivors of Homicide Victims (UN) | <input type="checkbox"/> Robbery or Bank Robbery (UN) |
| <input type="checkbox"/> Assault (UN) | <input type="checkbox"/> Violent Crime (UN) | <input type="checkbox"/> Economic Exploitation and Fraud (UN) |
| <input type="checkbox"/> Hate Crime (UN) | <input type="checkbox"/> Other (specify) | |

Service Identification

- h. Identify the VOCA FUNDED SERVICES to be provided by project staff. Check the appropriate box(es). (Please select applicable values)

- | | | |
|---|---|---|
| <input type="checkbox"/> Crisis Counseling | <input type="checkbox"/> Telephone Follow-up Contact | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Crisis Hotline Counseling | <input type="checkbox"/> Group Treatment/Support | <input type="checkbox"/> Shelter/Safe House |
| <input type="checkbox"/> Information/Referral (in person) | <input type="checkbox"/> Criminal Justice Support/Advocacy | <input type="checkbox"/> Emergency Financial Assistance |
| <input type="checkbox"/> Emergency Legal Advocacy | <input type="checkbox"/> Assistance in Filing Compensation Claims | <input type="checkbox"/> Personal Advocacy |
| <input type="checkbox"/> Telephone contact (information & referral) | <input type="checkbox"/> Other (specify) | |

- i. Identify other services offered but NOT VOCA FUNDED provided to victims by your agency. Check the appropriate box(es). (Please select applicable values)

- | | | |
|---|---|---|
| <input type="checkbox"/> Crisis Counseling | <input type="checkbox"/> Telephone Follow-up Contact | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Crisis Hotline Counseling | <input type="checkbox"/> Group Treatment/Support | <input type="checkbox"/> Shelter/Safe House |
| <input type="checkbox"/> Information/Referral (in person) | <input type="checkbox"/> Criminal Justice Support/Advocacy | <input type="checkbox"/> Emergency Financial Assistance |
| <input type="checkbox"/> Emergency Legal Advocacy | <input type="checkbox"/> Assistance in Filing Compensation Claims | <input type="checkbox"/> Personal Advocacy |
| <input type="checkbox"/> Telephone contact (information & referral) | <input type="checkbox"/> Other (specify) | |

Source of Funding

This financial section should include all victims' service programs for the applicant agency, not just the proposed VOCA project. Applicants must demonstrate financial stability and document that 25-50 percent of their financial support is from non-federal sources. Provide the agency's total fiscal year victims' services budget for the current year and the year requested. To generate the 'TOTAL', click the 'Save' button.

j.

Prorate VOCA Project Funds

You can use the VOCA Prorate Project Funding Worksheet in show documents to help you find the dollars you will allocate per priority and underserved victim category based on percentage.

k.

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TOTAL	

SAMPLE

3. Contact Information

Identify an Authorized Official, Civil Rights, Financial Officer and Project Director for the application. Identify the individual system users, by selecting the applicable EGrAMS Login name from the lookup icon. Review and edit their contact information as needed. Click the save button after each entry.

a. Contact Type

Name

Title

Mailing Address

City

State

Zip Code

Telephone

Fax

E-mail Address

SAMPLE

Certifications

4 Assurances and Certifications

A. Special Certifications

- a. By checking this box, the individual or officer certifies that he or she is authorized to approve ☐ this grant application for submission to the Department of Community Health on behalf of the responsible governing board, official or Contractor.
- b. By checking this box, the individual or officer certifies that he or she is authorized to sign the ☐ agreement on behalf of the responsible governing board, official or Contractor.

5 Federal Compliance

A Equal Employment Opportunity Plan (EEOP)

Equal Employment Opportunity Plan The EEOP Short Form Builder is an online system to help recipients and sub-recipients of financial assistance from the Justice Department to comply with the regulatory requirement to develop, maintain on file, and submit for review an EEOP. This new online system supersedes the Civil Rights Seven-Step Guide to the Design and Implementation of an Equal Employment Opportunity Plan. Go to URL for this on-line system: www.ojp.gov/about/ocr/eeop_comply.htm

Getting Started - If you are unsure if your organization must comply with the EEOP requirement, the online system will guide you through a step-by-step process to answer the question.

Obtain a Login - If you know that your organization must comply with the EEOP requirement, the online system will assist you in developing an EEOP Short Form. You will obtain a Login ID and begin the process of creating an EEOP Short Form.

Returning User - If you are a returning user with a Login ID, you can continue creating an EEOP Short Form.

The DOJ EEOP Certification form is found at URL: www.ojp.gov/about/ocr/pdfs/cert.pdf

1. Is your agency required to prepare an Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R. §§42.301-.308.? (Please select Yes or No) ☐ Yes ☐ No
- a. If Yes, is the EEOP on file for review and submitted to the Office of Civil Rights? (Please select Yes or No) ☐ Yes ☐ No If Yes, upload EEOP Plan to the Agency profile.
- b. If Yes, on what date was the EEOP prepared? (MM/DD/YYYY)
- c. If No, have you submitted an EEOP certification form to the Office of Civil Rights claiming an exemption from the EEOP requirement? (Please select Yes or No) ☐ Yes ☐ No

If Yes, upload EEOP Certification form to the Agency profile.

B Limited English Proficiency (LEP)

Limited English Proficient (LEP) Prohibit Discrimination on the Basis of National Origin - Limited English Proficient (LEP) Individuals Title VI's prohibition of discrimination on the basis of national origin has been interpreted by courts to include discrimination on the basis of English proficiency. Under Title VI (and the Safe Streets Act), recipients are required to provide LEP individuals with meaningful access to their programs and services. Providing "meaningful access" will generally involve some combination of oral interpretation services and written translation of vital documents. Information about this requirement is found at URL: www.ojp.gov/about/ocr/lep.htm

1. What steps has the agency taken to provide meaningful access to its programs and activities to persons who have Limited English Proficiency (LEP)?

Upload Self Assessment Review to the Agency profile.

Upload Four Factor to the Agency profile.

- a. Does the agency have a written policy / plan on providing language access services to LEP persons? (Please select Yes or No) ☐ Yes ☐ No

If Yes, Upload LEP Policy / Plan to the Agency profile.

SAMPLE

Narrative

6 Abstract

Provide an overview of your agency's proposed VOCA project for victims of crime.

This section should specifically address how your agency's proposed VOCA project will help you to reach the Objectives identified in your Work Plan. Please limit your response to 5000 characters.

7 Project Service Area

1. Counties

Indicate the County(ies) in which the project will operate and that you propose to provide services by clicking on the appropriate SQUARE BOX(s).

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alcona | <input type="checkbox"/> Alger | <input type="checkbox"/> Allegan |
| <input type="checkbox"/> Alpena | <input type="checkbox"/> Antrim | <input type="checkbox"/> Arenac |
| <input type="checkbox"/> Baraga | <input type="checkbox"/> Barry | <input type="checkbox"/> Bay |
| <input type="checkbox"/> Benzie | <input type="checkbox"/> Berrien | <input type="checkbox"/> Branch |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Cass | <input type="checkbox"/> Charlevoix |
| <input type="checkbox"/> Cheboygan | <input type="checkbox"/> Chippewa | <input type="checkbox"/> Clare |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Crawford | <input type="checkbox"/> Delta |
| <input type="checkbox"/> Dickinson | <input type="checkbox"/> Eaton | <input type="checkbox"/> Emmet |
| <input type="checkbox"/> Genesee | <input type="checkbox"/> Gladwin | <input type="checkbox"/> Gogebic |
| <input type="checkbox"/> Grand Traverse | <input type="checkbox"/> Gratiot | <input type="checkbox"/> Hillsdale |
| <input type="checkbox"/> Houghton | <input type="checkbox"/> Huron | <input type="checkbox"/> Ingham |
| <input type="checkbox"/> Ionia | <input type="checkbox"/> Iosco | <input type="checkbox"/> Iron |
| <input type="checkbox"/> Isabella | <input type="checkbox"/> Jackson | <input type="checkbox"/> Kalamazoo |
| <input type="checkbox"/> Kalkaska | <input type="checkbox"/> Kent | <input type="checkbox"/> Keweenaw |
| <input type="checkbox"/> Lake | <input type="checkbox"/> Lapeer | <input type="checkbox"/> Leelanau |
| <input type="checkbox"/> Lenawee | <input type="checkbox"/> Livingston | <input type="checkbox"/> Luce |
| <input type="checkbox"/> Mackinac | <input type="checkbox"/> Macomb | <input type="checkbox"/> Manistee |
| <input type="checkbox"/> Marquette | <input type="checkbox"/> Mason | <input type="checkbox"/> Mecosta |
| <input type="checkbox"/> Menominee | <input type="checkbox"/> Midland | <input type="checkbox"/> Missaukee |
| <input type="checkbox"/> Monroe | <input type="checkbox"/> Montcalm | <input type="checkbox"/> Montmorency |
| <input type="checkbox"/> Muskegon | <input type="checkbox"/> Newaygo | <input type="checkbox"/> Oakland |
| <input type="checkbox"/> Oceana | <input type="checkbox"/> Ogemaw | <input type="checkbox"/> Ontonagon |
| <input type="checkbox"/> Osceola | <input type="checkbox"/> Oscoda | <input type="checkbox"/> Otsego |
| <input type="checkbox"/> Ottawa | <input type="checkbox"/> Out Wayne | <input type="checkbox"/> Presque Isle |
| <input type="checkbox"/> Roscommon | <input type="checkbox"/> Saginaw | <input type="checkbox"/> Sanilac |
| <input type="checkbox"/> Schoolcraft | <input type="checkbox"/> Shiawassee | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> St. Joseph | <input type="checkbox"/> Tuscola | <input type="checkbox"/> Van Buren |
| <input type="checkbox"/> Washtenaw | <input type="checkbox"/> Wayne | <input type="checkbox"/> Wexford |

2. U.S. Congressional, State Senate and State House Districts

Indicate the U.S. Congressional, State Senate and House District(s) in which the project will operate and that you propose to provide services by clicking on the appropriate SQUARE BOX(s).

Download a map of Michigan Congressional Districts at: http://michigan.gov/documents/Congress01-state-E_43697_7.pdf

Download a map of Michigan State Senate Districts at: http://michigan.gov/documents/CGI_Senate01-state-E_117281_7.pdf

Download a map of Michigan State House Districts at: http://www.michigan.gov/documents/House_state_16750_7.pdf

US Congressional Districts

- | | | |
|--|--|--|
| <input type="checkbox"/> US Congress District 1 | <input type="checkbox"/> US Congress District 10 | <input type="checkbox"/> US Congress District 11 |
| <input type="checkbox"/> US Congress District 12 | <input type="checkbox"/> US Congress District 13 | <input type="checkbox"/> US Congress District 14 |
| <input type="checkbox"/> US Congress District 2 | <input type="checkbox"/> US Congress District 3 | <input type="checkbox"/> US Congress District 4 |
| <input type="checkbox"/> US Congress District 5 | <input type="checkbox"/> US Congress District 6 | <input type="checkbox"/> US Congress District 7 |
| <input type="checkbox"/> US Congress District 8 | <input type="checkbox"/> US Congress District 9 | |

State Senate Districts

- | | | |
|---|---|---|
| <input type="checkbox"/> State Senate District 1 | <input type="checkbox"/> State Senate District 10 | <input type="checkbox"/> State Senate District 11 |
| <input type="checkbox"/> State Senate District 12 | <input type="checkbox"/> State Senate District 13 | <input type="checkbox"/> State Senate District 14 |
| <input type="checkbox"/> State Senate District 15 | <input type="checkbox"/> State Senate District 16 | <input type="checkbox"/> State Senate District 17 |
| <input type="checkbox"/> State Senate District 18 | <input type="checkbox"/> State Senate District 19 | <input type="checkbox"/> State Senate District 2 |
| <input type="checkbox"/> State Senate District 20 | <input type="checkbox"/> State Senate District 21 | <input type="checkbox"/> State Senate District 22 |
| <input type="checkbox"/> State Senate District 23 | <input type="checkbox"/> State Senate District 24 | <input type="checkbox"/> State Senate District 25 |
| <input type="checkbox"/> State Senate District 26 | <input type="checkbox"/> State Senate District 27 | <input type="checkbox"/> State Senate District 28 |
| <input type="checkbox"/> State Senate District 29 | <input type="checkbox"/> State Senate District 3 | <input type="checkbox"/> State Senate District 30 |
| <input type="checkbox"/> State Senate District 31 | <input type="checkbox"/> State Senate District 32 | <input type="checkbox"/> State Senate District 33 |
| <input type="checkbox"/> State Senate District 34 | <input type="checkbox"/> State Senate District 35 | <input type="checkbox"/> State Senate District 36 |
| <input type="checkbox"/> State Senate District 37 | <input type="checkbox"/> State Senate District 38 | <input type="checkbox"/> State Senate District 4 |
| <input type="checkbox"/> State Senate District 5 | <input type="checkbox"/> State Senate District 6 | <input type="checkbox"/> State Senate District 7 |
| <input type="checkbox"/> State Senate District 8 | <input type="checkbox"/> State Senate District 9 | |

State House Districts

- | | | |
|---|---|---|
| <input type="checkbox"/> State House District 1 | <input type="checkbox"/> State House District 10 | <input type="checkbox"/> State House District 100 |
| <input type="checkbox"/> State House District 101 | <input type="checkbox"/> State House District 102 | <input type="checkbox"/> State House District 103 |
| <input type="checkbox"/> State House District 104 | <input type="checkbox"/> State House District 105 | <input type="checkbox"/> State House District 106 |
| <input type="checkbox"/> State House District 107 | <input type="checkbox"/> State House District 108 | <input type="checkbox"/> State House District 109 |
| <input type="checkbox"/> State House District 11 | <input type="checkbox"/> State House District 110 | <input type="checkbox"/> State House District 12 |
| <input type="checkbox"/> State House District 13 | <input type="checkbox"/> State House District 14 | <input type="checkbox"/> State House District 15 |
| <input type="checkbox"/> State House District 16 | <input type="checkbox"/> State House District 17 | <input type="checkbox"/> State House District 18 |
| <input type="checkbox"/> State House District 19 | <input type="checkbox"/> State House District 2 | <input type="checkbox"/> State House District 20 |
| <input type="checkbox"/> State House District 21 | <input type="checkbox"/> State House District 22 | <input type="checkbox"/> State House District 23 |
| <input type="checkbox"/> State House District 24 | <input type="checkbox"/> State House District 25 | <input type="checkbox"/> State House District 26 |
| <input type="checkbox"/> State House District 27 | <input type="checkbox"/> State House District 28 | <input type="checkbox"/> State House District 29 |
| <input type="checkbox"/> State House District 3 | <input type="checkbox"/> State House District 30 | <input type="checkbox"/> State House District 31 |
| <input type="checkbox"/> State House District 32 | <input type="checkbox"/> State House District 33 | <input type="checkbox"/> State House District 34 |
| <input type="checkbox"/> State House District 35 | <input type="checkbox"/> State House District 36 | <input type="checkbox"/> State House District 37 |
| <input type="checkbox"/> State House District 38 | <input type="checkbox"/> State House District 39 | <input type="checkbox"/> State House District 4 |
| <input type="checkbox"/> State House District 40 | <input type="checkbox"/> State House District 41 | <input type="checkbox"/> State House District 42 |
| <input type="checkbox"/> State House District 43 | <input type="checkbox"/> State House District 44 | <input type="checkbox"/> State House District 45 |
| <input type="checkbox"/> State House District 46 | <input type="checkbox"/> State House District 47 | <input type="checkbox"/> State House District 48 |
| <input type="checkbox"/> State House District 49 | <input type="checkbox"/> State House District 5 | <input type="checkbox"/> State House District 50 |
| <input type="checkbox"/> State House District 51 | <input type="checkbox"/> State House District 52 | <input type="checkbox"/> State House District 53 |
| <input type="checkbox"/> State House District 54 | <input type="checkbox"/> State House District 55 | <input type="checkbox"/> State House District 56 |
| <input type="checkbox"/> State House District 57 | <input type="checkbox"/> State House District 58 | <input type="checkbox"/> State House District 59 |
| <input type="checkbox"/> State House District 6 | <input type="checkbox"/> State House District 60 | <input type="checkbox"/> State House District 61 |

- | | | |
|--|--|--|
| <input type="checkbox"/> State House District 62 | <input type="checkbox"/> State House District 63 | <input type="checkbox"/> State House District 64 |
| <input type="checkbox"/> State House District 65 | <input type="checkbox"/> State House District 66 | <input type="checkbox"/> State House District 67 |
| <input type="checkbox"/> State House District 68 | <input type="checkbox"/> State House District 69 | <input type="checkbox"/> State House District 7 |
| <input type="checkbox"/> State House District 70 | <input type="checkbox"/> State House District 71 | <input type="checkbox"/> State House District 72 |
| <input type="checkbox"/> State House District 73 | <input type="checkbox"/> State House District 74 | <input type="checkbox"/> State House District 75 |
| <input type="checkbox"/> State House District 76 | <input type="checkbox"/> State House District 77 | <input type="checkbox"/> State House District 78 |
| <input type="checkbox"/> State House District 79 | <input type="checkbox"/> State House District 8 | <input type="checkbox"/> State House District 80 |
| <input type="checkbox"/> State House District 81 | <input type="checkbox"/> State House District 82 | <input type="checkbox"/> State House District 83 |
| <input type="checkbox"/> State House District 84 | <input type="checkbox"/> State House District 85 | <input type="checkbox"/> State House District 86 |
| <input type="checkbox"/> State House District 87 | <input type="checkbox"/> State House District 88 | <input type="checkbox"/> State House District 89 |
| <input type="checkbox"/> State House District 9 | <input type="checkbox"/> State House District 90 | <input type="checkbox"/> State House District 91 |
| <input type="checkbox"/> State House District 92 | <input type="checkbox"/> State House District 93 | <input type="checkbox"/> State House District 94 |
| <input type="checkbox"/> State House District 95 | <input type="checkbox"/> State House District 96 | <input type="checkbox"/> State House District 97 |
| <input type="checkbox"/> State House District 98 | <input type="checkbox"/> State House District 99 | |

8 Narrative Summary

1. Mission Statement

Please provide your agency's mission statement regarding provision of service to crime victims. Please limit your responses to 5000 characters.

2. Victims Served

For the most recently ended and identified calendar or fiscal year, please provide the total number and types of victims served by your agency. Please limit your responses to 5000 characters.

Example:

For the fiscal year 2014 the agency provided services to 200 sexual assault victims and 300 child sexual assault victims.

3. Agency History

To provide context to the agency's mission statement, please provide a brief history of the evolution of your agency or victim service component of a public agency and unique factors of its impetus, inception and evolution. Explain why it was formed, when it was formed (date created), how it was formed (grass roots or legislative mandate), and how it has changed since formation. Also provide the number of agency work sites in service area, and the agency's governing and organizational staffing structure. For public agencies, indicate when the public official was elected or appointed. For non-profit organizations, indicate how and when the executive director was appointed (e.g., by the board of directors, after a search, by a personnel committee recommendation, etc.). Provide the name and title of the person responsible for hiring and supervision of agency staff. Provide the name and title of the person responsible for direct supervision of VOCA project staff. Please limit your responses to 5000 characters.

9 Interagency Coordination

List four agencies with which you have a significant program service relationship to accomplish coordinated services for crime victims as outlined in the Service Information. Identify those activities and services provided by your agency on-site, in conjunction with, or at the request of the organization listed. Identify those agencies with which you have formal agreements regarding the provision or improvement of services to crime victims. Documented interagency agreements are preferred.

Examples:

Organization: Police Department, City in Michigan

Formal Agreement: Yes

Activities: Responding to all police calls where there is a victim of domestic violence, sexual assault, or child abuse.

Services: Crisis intervention, hospital accompaniment and criminal justice support and advocacy during investigation and criminal trial and post-sentencing.

Organization: County Medical Center

Formal Agreement: Yes

Activities: Responding to all requests by County Medical Center Emergency Room staff where there is a victim of sexual assault or child sexual assault.

Services: Personal advocacy and crisis counseling provided to victims during forensic medical examination.

1. Organization:

Formal Agreement: (Please select ☐ Yes ☐ No Yes or No)

Activities:

Services:

2. Organization:

Formal Agreement: (Please select ☐ Yes ☐ No Yes or No)

Activities:

Services:

3. Organization:

Formal Agreement: (Please select ☐ Yes ☐ No Yes or No)

Activities:

Services:

4. Organization:

Formal Agreement: (Please select ☐ Yes ☐ No Yes or No)

Activities:

Services:

10 Community Collaboration

List four examples of your agency's leadership or participation in victims organizations, task forces and coordinating groups that promote interagency training, coordination, and quality victim services.

1. Group Name:

Group Began (Year)

Group Purpose:

Agency Role:

Goal:

2. Group Name:

Group Began (Year)

Group Purpose:

Agency Role:

Goal:

3. Group Name:

Group Began (Year)

Group Purpose:

Agency Role:

Goal:

4. Group Name:

Group Began (Year)

Group Purpose:

Agency Role:

Goal:

11 Other Administration Items

1. Crime Victims Compensation

To ensure compliance with VOCA grant requirements to assist victims with Crime Victims Compensation, describe what your agency's practices are or will be in identifying and assisting injured victims of crime in applying for Crime Victims Compensation. Assisting victims in Filing Compensation Claims is a requirement of the grant. Identify if this assistance is provided by one or more staff, whether information about Crime Victims Compensation is included in public presentations or written materials about services provided at your agency and if assistance with compensation is included in client intake process. Please limit your responses to 5000 characters.

2. Maintaining Qualified Staff

Briefly describe what your agency's practices are in maintaining trained and qualified staff at your agency. What types of training or continuing education requirements do you have for direct service staff at your agency? Are continuing education credits or credentials required for any of your staff members? For example, are staff required to be credentialed by NOVA's National Advocate Credentialing Program (Credentialed Advocate - Provisional, Basic, Intermediate, Advanced) or have Social Work CEUs? How are these requirements being funded? For example, agency paid using agency funds or grant funds or staff paid out-of-pocket? Has it been difficult for your agency? Provide assurance that the agency will provide, with grant or match funds (or local funds at no cost to the grant), at least 24 hours of skills building staff training during the grant project for each grant funded and match staff position. Please limit your response to 5000 characters.

3. Volunteers

Describe what your agency's practices are or will be in maintaining a community volunteer commitment including recruitment, training, supervision and recognition activities. Describe your agency's volunteer effort by indicating: number of volunteers; total number of volunteer hours; how often volunteers are recruited and who recruits them; type of screening and interviews; type of training (i.e., quarterly trainings or monthly in-service); what type of commitment is required of volunteers (number of months or hours); how volunteers are supervised and who supervises them; and what volunteer recognition activities occur and how often. Please limit your responses to 5000 characters.

4. Public Awareness

Describe how your agency provides or will provide information to the public and other service providers about the crime victim services activities of your agency and this project. At a minimum, information about the VOCA grant project should be included in public presentations, brochures and annual reports, and acknowledge the CVSC and VOCA Crime Victims Fund. Please limit your responses to 5000 characters.

12 Problems and Victim Needs

1. Problems

Describe the problem(s) in your community which your project(s) addresses/will address. Provide local statistical and/or other data supporting the need for services. Recent local data with dates and sources cited is strongly preferred.

Example: According to statistical data from Smith and Jones Counties Children's Services, from 2010 through 2015, nearly 10,000 reports of child abuse/neglect were made in our target service area, which extends over a two-county area. ("Smith and Jones Counties Children's Services Annual Reports, 2009-2015"; 2,094 in 2011, 2,111 in 2012, 2,652 in 2013, 1,876 in 2014, and 1,699 in 2015.) These reports resulted in nearly 6,000 findings of abuse or neglect, over 1,000 foster placements, and over 700 convictions for criminal sexual assault. ("Children's Services".) According to the U.S. Census Bureau, the poverty rate in Smith County is 18.1%, while the poverty rate in Jones County is 14.2%. ("U.S. Census Bureau, County Quick Facts).

2. Victim Needs

State the needs of the victims affected by the problem(s) you listed in the previous question.

Example: Sexually abused children have a number of serious needs that must be met for their recovery and their ability to grow into healthy, functional adults. In the immediate aftermath of disclosure of abuse, a child and the non-offending parent(s) need crisis intervention, counseling and support services. They also need criminal justice support and advocacy and counseling as cases proceed to criminal court. In the longer-term, abused children frequently need to develop coping skills to help them recover emotionally. Many also require non-offending parents to acquire improved child-rearing and skills to further protect children from abuse. Please limit your responses to 5000 characters.

13 Other Local Services

Excluding the services your agency provides, list and describe other efforts in your community that address or have addressed the problem(s) and/or needs indicated in the Problems and Client Needs screen.

Example:

Agency/Organization: City of Mayflower Housing Corporation

Services: Housing Corporation staff make priority placements for housing for victims of domestic violence from Victim Service Agency. Housing Corporation staff provide victims with advocacy and support in locating and securing housing.

1. Agency/Organization

Activites

2. Agency/Organization

Activites

3. Agency/Organization

Activites

4. Agency/Organization

Activites

14 Project Resources**1 Staff Description**

Provide a general description of staff needed to implement your VOCA project. Describe the requested staff positions, including: 1) a general overview of staff role and responsibility; 2) whether staff are full or part time; 3) whether continued funding is requested or if new VOCA support is requested for each position; 4) Rank in order the three most critical project activities to be performed. These project activities should correlate to the project activities presented in the Workplan Tab of this application.

Example:

Victim Service Agency proposes to continue funding two full-time Crime Victim Advocates. We also propose that VOCA funds support the hiring of one full-time M.S.W. Counselor. These staff would provide services to homicide survivors. Victim advocates would perform the following: ACTIVITY #1: Coordinate volunteer crisis intervention and court advocate teams to respond to the immediate needs of homicide survivors at hospitals, police departments, prosecutors' offices and during trial; and ACTIVITY #2: Advocacy support services responding to both personal and legal advocacy needs of survivors. The M.S.W. Counselor would perform the following: ACTIVITY #3: Counseling, crisis intervention and support groups.

2 Staff and Volunteers

1. Full-Time Equivalent Staff, The full-time equivalent staff will be calculated according to the number of full time staff you specify in the Budget section.
2. Provide the number of volunteers and total volunteer hours needed to implement the VOCA project. Total Volunteer Hours should be in excess of the hours designated towards the Match in the Budget section.

Number of Volunteers

Number of Total Volunteer Hours

3. Is the agency requesting a volunteer waiver? (Please select Yes or No) ☐ Yes ☐ No

If yes, please upload a letter of request for volunteer waiver.

Work Plan

FOR OFFICE USE ONLY:

Version # _____

APP # _____

15 Work Plan

Please provide only the three most critical project activities and rank in order of importance. These project activities should correlate to the project activities presented in the Project Resources screen of the Narratives section. These project activities, expected outcomes, outcome measures and long-term objectives should reflect your thoughts regarding the evaluation of your project. Example Activities, how to Measure Outcomes, and Long-Term Objectives have been provided under show documents titled: Examples Project Activities and Outcomes.

Expected Outcome section requires that you describe what change you expect to occur as a result of the project activity. Outcomes must be measurable and tied to the project activity. Outcomes are changes in knowledge, attitudes, skills, behaviors, expectations, emotional status, or life circumstances that the project activity is designed to bring about in crime victims and their families. A list of acceptable outcomes approved by CVSC for VOCA Grantees by activity is provided under show documents titled: Examples Project Activities and Outcomes.

Please label the items in your workplan as follows: Objective 1), Activity 1), Expected Outcome 1-1), 1-2), 1-3), Measurement 1-1), 1-2), 1-3), then for the second objective, Objective 2) Activity 2) Expected Outcome 2-1), 2-2), 2-3) etc. See screen shot above.

Budget

	Line Item	Qty	Rate	Units	UOM	Amount	Cash	InKind
Total	1.	Salary & Wages						
	<p>Instructions : Please select the position title from the look up menu that best matches the position title at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area. The employee name goes into the box below the Position Title. Upload the Position Description and Resume as one file for each position at the end of their line. Upload the organizational chart and Board of Directors list as one file in the Attachment space provided above this instruction box.</p>							
	1. Crisis Intervention Advocate []							
	2. Coordinator []							
	3. Counselor []							
	4. Intake Coordinator []							
	5. Legal Advocate []							
	6. Prosecutor's Office Victim Advocate []							
	7. Psychologist []							
	8. Social Worker []							
	9. Social Work Technician []							
	10. Therapist []							
	11. Victim Advocate []							
	12. Volunteer Coordinator []							
	13. Other (Specify) []							
2.	Fringe Benefits							
	<p>Instructions : The system prepopulates the total salary from the Salary and Wages section into the fringe section as units. The units should be changed to the actual amount your agency will be using. Please indicate the amount of each fringe benefit that your agency intends to cover with federal funds in the Amount column and the amount your agency intends to cover with match funds in the Cash column. Benefit totals will calculate automatically.</p> <p>If the agency uses a fringe benefits calculation rate, they must provide for this application, a detailed breakdown of the items included and the calculation rates for each item. The calculation rate is: 1) applied consistently among all activities at agency; 2) adjusted annually; and 3) only includes staff who are eligible for benefits. If awarded, grantees are</p>							

required to report actual fringe benefit expenditures.

Unemployment is only taken from the first \$9,500 of each employee's salary unless your agency pays unemployment costs as a reimbursing employer.

1. All Composite Rate							
2. Composite Rate							
3. Dental Insurance							
4. Disability Insurance							
5. Unemployment							
6. FICA							
7. Hearing Insurance							
8. Hospital Insurance							
9. Life Insurance							
10. Professional Malpractice Insurance							
11. Retirement							
12. Tuition Remission							
13. Vision Insurance							
14. Workers Compensation							
15. Other (Specify) []							

3. **Volunteer**

Instructions : Please select the position title that best matches the position at your agency. If your agency's position title is not an exact match for the title selected, please list your actual position title in the Notes area. Upload the position description for each position at the end of their line. Volunteer positions should each be listed separately. The match amount for Volunteers should be listed in the In-Kind column and the rate of pay cannot be more than the lowest paid VOCA funded employee.

1. Victim Advocate Volunteer							
2. BSW Intern Volunteer							
3. Crisis Intervention Volunteer							
4. Crisis Line Volunteer							

5. Counseling Volunteer							
6. Intern Volunteer							
7. Legal Advocate Volunteer							
8. MSW Intern Volunteer							
9. Volunteer Coordinator Volunteer							
10. Volunteer Other (Specify) []							
4. Volunteer Fringe Benefits							
Instructions : FICA-equivalent for the volunteer hours can be used as Match. Volunteer Fringe should be listed in the In-Kind column.							
1. FICA							
5. Travel							
<p>Instructions : This budget category includes costs for mileage, meals, lodging, and registration fees for approved staff development conferences, seminars, or conferences. Other travel costs incurred must be for the purposes of providing direct services to victims or for victim transportation.</p> <p>Provide a brief description and justification for costs related to Travel in the Notes at the end of that line.</p> <p>Provide description of travel, number of miles, mileage rate per mile, daily per person lodging, meal costs and number of days obligated to the travel. The applicant should base travel items on rates set by applicant agency but may not exceed state rates. State travel rates are available at http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html</p> <p>Transportation for client services or safety including bus passes and cab vouchers can be included in as Client Transportation.</p> <p>The agency must provide, with grant, match, or local funds, at least 24 hours of skill building staff training during the grant project period for each grant funded and match staff position.</p> <p>Travel costs associated with attendance at VOCA-sponsored trainings and meetings may be included in this category along with attendance at in-state skills building training conferences offered by the Crime Victims Services Commission, Michigan Victim Assistance Academy, the Prosecuting Attorneys Association of Michigan and the Michigan Coalition Against Domestic and Sexual Violence are allowable skills development training opportunities. Travel costs for one VOCA funded full-time person per agency to attend the National Children's Advocacy Center National Symposium of Child Sexual Abuse may be included only for accredited Child Advocacy Centers. Tribal programs may include travel costs for quarterly meetings of the Michigan Tribal Victim Assistance Committee. Out of state training requires prior approval from CVSC.</p>							
1. Client Transportation							
2. Direct Service Lodging							

	3. Direct Service Meals						
	4. Direct Service Mileage						
	5. Staff Development Training Lodging						
	6. Staff Development Training Meals						
	7. Staff Development Training Mileage						
	8. Staff Development Training Registrations						
	9. Other (Specify) []						
6.	Supplies & Materials						
	<p>Instructions : This budget category includes consumable and short-term items and equipment items. This includes: office supplies; printing and postage; equipment use fees (when supported by usage logs) for printing, photocopying, and postage; victim related books, workbooks, and resource materials; clothing made available in the emergency room to sexual assault victims; and printing brochures describing program services. Provide item explanation, quantity and unit price for each item. For things like consumables list each item in the notes for that line. Please be specific and do not use words like etc. and misc. Equipment could be included in either Supplies and Materials or Equipment depending on cost. Equipment items costing less than \$5,000 should be included in Supplies and Materials, and items costing more than \$5,000 should be included in Equipment.</p> <p>Examples of equipment items used in carrying out the objectives of the program include: TV; DVD player; digital camera, recording equipment and two-way mirrors for interviewing children; furniture for shelters; and equipment including desks, chairs and locking file cabinets for staff work spaces, furniture for victim waiting rooms, and children's play areas; computers, printers, scanners, paper shredders, and necessary software; and items necessary to make reasonable accommodations to victims and/or staff with disabilities. Also allowed are items to enhance services to handicapped victims, such as Braille resources or equipment or Telecommunications Devices for the Deaf (TTY/TTD). Leased equipment should be listed in the Other Expenses Category.</p>						
	1. Filing Cabinet						
	2. Client Database Software						
	3. Computer with package software						
	4. Desk / Chair for staff						
	5. DVD Player / VCR						
	6. Fax Machine						
	7. Office Supplies - Consumable						
	8. Photocopier						
	9. Postage						

	10. Paper Shredder						
	11. Projector						
	12. Printing						
	13. TTY / TTD Machine						
	14. Victim Resource Materials						
	15. Other (Specify) []						
7.	Contractual						
	<p>Instructions : Contractors listed in this section include affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed through) to the sub recipient contractor.</p> <p>Examples: counselor, psychiatrist, lawyer providing emergency legal advocacy services Single audit contractors and interpreters should be listed in the Other Expenses category. Select service description from look up menu, quantity, rate, and unit of measure. The maximum rate for consultant/contractual services may not exceed Office of Justice Programs Financial Guide limits. An eight-hour day may include preparation and travel time in addition to the time required for actual performance. These limits are not discretionary. If awarded, a signed agreement for consultant/contractual services must be attached to the FSR in which the expenditure is reported.</p> <p>In the information box enter the Contractor Company, the Service Provided, Salutation, First Name, Middle Initial, Last Name, Address, City, State and Zip Code for each Contractor assigned to this project.</p>						
	1. Counselor						
	2. Emergency Legal Advocacy Contractor						
	3. Psychiatrist						
	4. Other (Specify) []						
8.	Equipment						
	<p>Instructions : This budget category includes stationary and movable equipment valued at \$5,000 or more to be used in carrying out the objectives of the project. The cost of a single unit of equipment includes the necessary accessories and installation costs. Provide item, quantity, purchase price or monthly lease amount.</p> <p>VOCA funds may be used to purchase furniture and equipment that provides or enhances direct services to crime victims. VOCA funds cannot support the entire cost of an item that is not used exclusively for victim-related activities, but can support a prorated share of such an item. Grantees are required to maintain property equipment records and annually report the following: a description of the property and a serial number or other identifying number; identification of title holder; the acquisition date; the cost and the percentage of VOCA funds supporting the purchase; the location, use, and condition of the property; and any disposition data, including the date of disposal and sale price.</p>						

Contractors are required to maintain property equipment records and annually report the following using agreement attachment B3.																																																															
1. Other (Specify) []																																																														
9. Other Expenses																																																															
<p>Instructions : This budget category includes other allowable costs incurred for the benefit of the program:</p> <p>Space Rental is the cost for rental of building space necessary for program operations. Pro-rated cost of rent (not occupancy charges) is limited to \$10 per sq. ft. & a maximum of 15 sq. ft. per funded FTE or the fair market value of comparable space in the same locality. Documentation for the charge must be maintained on-site.</p> <p>Communication Costs include the cost of telephone & data lines related directly to program operations. Items include beepers & airtime; cell phones & provider fees; Internet service provider monthly fee; and telephone equipment, installation & monthly operating expenses.</p> <p>Emergency Financial Assistance is limited to \$300 per victim/per case & paid to victims or on their behalf. Written agency policy regarding distribution of emergency financial assistance funds is required. Emergency financial assistance is defined as: emergency short-term childcare or respite care for dependent adults, transportation, security measures (replacement of locks & repair of doors & windows to prevent immediate re-victimization), assistance participating in criminal justice proceedings (i.e., transportation, childcare or respite care for dependent adults, & meal(s).</p> <p>Memberships include up to 3 organizational memberships in national or state victims' organizations. Individual memberships are not allowed.</p> <p>Contractors include single audit contractors, interpreters & translators, and contractors' travel & other costs. In the notes enter the contractor name, the service provided, & address. A signed agreement for contractual services must be uploaded to the FSR in which the expenditure is reported. For agencies including Single Audit expenses, the agency must provide calculation method used to determine the pro-rated share of Single Audit expenses including the total Federal grant amount & total Single Audit costs.</p> <p>Leased Equipment</p> <table border="1"> <tr> <td>1. Accounting Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Single Audit Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Communication - Cellular Phone Service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Communication - Fax Line Service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Communication - Internet Service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Communication - Office Phone Service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Communication - Pager Service</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								1. Accounting Services								2. Single Audit Services								3. Communication - Cellular Phone Service								4. Communication - Fax Line Service								5. Communication - Internet Service								6. Communication - Office Phone Service								7. Communication - Pager Service							
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8. External Consultant/Contractor							
9. Emergency Financial Assist. attend court							
10. Emergency Financial Assist. safety needs							
11. Equipment Leasing							
12. Incentives							
13. Interpretation Services							
14. Legal Fees							
15. Agency Memberships							
16. Patient Care							
17. Participate Support Cost							
18. Agency Rent							
19. Scholarships/Fellowships							
20. Space/Facility Costs							
21. Translation Services							
22. Other (Specify) []							
10. Indirect Costs							
<p>Instructions : Indirect costs are allowable based on two methods:</p> <p>1) An approved indirect costs rate has been established and approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department</p> <p>2) A 10% de minimis rate is calculated based on the Modified Total Direct Costs.</p> <p>Identify the type of indirect rate in the text box below the selected item.</p> <p>Attach a current copy of the federal approval letter stating the indirect costs rate or the calculation form, as applicable.</p>							
1. Federal Approval							
2. State Approval							

3. Other Approval							
4. De Minimis Rate – up to 10%							
Totals							

SAMPLE

	Category	Amount	Cash	InKind	Total	Narrative
1.	Salary & Wages					
2.	Fringe Benefits					
3.	Volunteer					
4.	Volunteer Fringe Benefits					
5.	Travel					
6.	Supplies & Materials					
7.	Contractual					
8.	Equipment					
9.	Other Expenses					
10.	Indirect Costs					
Totals						

SOURCE OF FUNDS

	Category	Amount	Cash	InKind	Total	Narrative
1.	Fees and Collections					
2.	State Agreement					
3.	Local					
4.	Federal					
5.	Foundation Grant					
6.	United Way Grant					
7.	Contributions					
8.	Volunteer					
9.	Other(s)					
Totals						

SAMPLE

Miscellaneous

19 Letters of Support

Local community support for this crime victim service project is required. Please upload 3 current Letters of Local Support. Support letters should specifically reference the VOCA grant project, the crime victims' needs, and proposed solutions addressed in this proposal. Letters should illustrate the unique relationship between your agency and your supporter. Two of the three support letters must be from criminal justice officials (law enforcement, police, prosecutors or court officials), and one may be from another community service agency. Tribal programs may include support letters from tribal, federal, state or local officials as appropriate. Contact information for each application supporter authoring, must be included in the letter. Contact information for each application supporter authoring, must be included in the letter. These letters should be on letterhead and include a signature.

No other documents should be uploaded to the Miscellaneous Tab unless otherwise instructed.

(Please attach necessary documents at the end of the application)

20 Supporting documentation, if required

Please attach additional documents that are required by the Contract Manager.

(Please attach necessary documents at the end of the application)